

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49722

1. Entity Name

VERO BEACH VETERANS, INC.

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90077 009 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2500 15TH AVENUE  
VERO BEACH FL 32960

2500 15TH AVENUE  
VERO BEACH FL 32960-3309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0599182

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAEGLIN, JERRY D  
3465 1ST STREET  
VERO BEACH FL 32968

Name **BERNARD A SHORKEY (PRESIDENT)**

Street Address (P.O. Box Number is Not Acceptable)

**1815 ROBALO DR, #104C**

City **VERO BEACH**

FL

Zip Code **32960**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Bernard A. Shorkey (President)*

**5-4-00**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Delete
NAME	DOMAN, RONALD	
STREET ADDRESS	3465 1ST STREET	
CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE	S	<input type="checkbox"/> Delete
NAME	CONNORS, ROBERT	
STREET ADDRESS	923 5TH COURT	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	BMD	<input type="checkbox"/> Delete
NAME	ANDERSON, RIVERS	
STREET ADDRESS	20 PLANTATION DRIVE	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	BMD	<input type="checkbox"/> Delete
NAME	HULMES, THOMAS	
STREET ADDRESS	155 20TH AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	BMD	<input type="checkbox"/> Delete
NAME	STRAUSER, JERRY	
STREET ADDRESS	2448 19TH AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERRY D. MAEGLIN	
STREET ADDRESS	3465 1ST STREET	
CITY-ST-ZIP	VERO BEACH, FL 32968	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	BMD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILL BROWN	
STREET ADDRESS	2176 31ST AVE.	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bernard A. Shorkey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/4/00**

Date

Daytime Phone #

**561-778-1299**

CR2E037 (9/99)